SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER, DACE 207 OF Use separate schedule(s) for each category of the

FOR LINE NUMBER.					FAGE 207 OF 230				
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16		17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) The Travelers Companies, Inc. Political Action Committee (T-PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rawlings, Stacey, , , Date of Receipt Mailing Address Suite 140 470 Friendship Road 2016 Zip Code State Transaction ID: A2016-1837643 PA Harrisburg 17111 Amount of Each Receipt this Period FEC ID number of contributing 39.42 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **RVP Select** Travelers Indemnity Co Receipt For: Aggregate Year-to-Date ▼ Primary General 788.40 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Reagin, Tammy, S,, Date of Receipt Mailing Address Ste 6100 2016 9954 Mayland Dr City State Zip Code Transaction ID: A2016-1615625 VA Richmond 23233 Amount of Each Receipt this Period FEC ID number of contributing 21.35 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Travelers Indemnity Co Dir Cash Control Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 380.74 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Reagin, Tammy, S. Date of Receipt Mailing Address Ste 6100 16 2016 9954 Mayland Dr City Zip Code State Transaction ID: A2016-1730354 VARichmond 23233 Amount of Each Receipt this Period FEC ID number of contributing C 21.35 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Travelers Indemnity Co Dir Cash Control Receipt For: Aggregate Year-to-Date ▼ Primary General 402.09 Other (specify) 82.12 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....